STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155752	A. BUILDING 01 B. WING	10/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE NURSING AND MEMORY CARE CENTER	18325 BAILEY AVE SOUTH BEND, IN46637

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K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/03/11 Facility Number: 004732 Provider Number: 155752 AIM Number: 200808300 Surveyor: Richard D. Schade, Life Safety Code Specialist At this Life Safety Code survey, Morningside Nursing and Memory Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The original building, south wing, was constructed in 1952 with the north wing added in 1962. The entire building was remodeled in 2005 and opened as New construction. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 40 and had a census of 36 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/13/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0029 SS=E	Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 Based on observation and interview, the facility failed to ensure 1 of 2 doors to the main corridor serving hazardous areas closed and latched to prevent the passage of smoke. This deficient practice could affect any residents, visitors and staff in and near the kitchen. Findings include: Based on observations with the maintenance supervisor on 10/03/11 at 2:55 p.m., one of two doors to the kitchen lacked a mechanism to close and positively latch the door to the door frame. The maintenance supervisor acknowledged the problem at the time of observation. 3.1-19(b)	K0029	K029 - The facility will ensure that doors to the main corridor close and latch to prevent the passage of smoke. The doors identified during the survey have had auto closure latches installed to auto close doors. All other doors have been checked for compliance and have been found to be in compliance. Environmental Director or designee will check doors at least weekly to ensure continued compliance. Results of audits will be reported to QA at least monthly for 3 months until problem is considered resolved. The facility requests paper compliance for resolution of this issue.	10/28/2011

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K0050 SS=F	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 quarters. This deficient practice could effect all residents, staff and visitors in the event of an emergency. Findings include: Based on review of the facility's Fire Drill records and interview on 10/03/11 at 2:40 p.m. with the maintenance supervisor, there was no record of a second shift fire drill for the third quarter of 2011. The maintenance supervisor	K0050	K050 - The facility will ensure that fire drills are conducted on a quarterly basis in accordance with life safety code standards. All drills have been reviewed for compliance in accordance with life safety standards. Drills will be conducted in the future to meet requirements as outlined in Life safety code standards. Results of drills will be reported to the QA committee at least monthly for 3 months until problem is considered resolved.The facility requests paper compliance for resolution of this issue.	10/28/2011

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	acknowledged the fire drill was not conducted during the third quarter of 2011. 3.1-19(b) 3.1-51(c)			
K0143 SS=E	Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 1. Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage/transfer areas had ceramic or concrete flooring. This deficient practice affects all occupants including staff, visitors and residents. Findings include:	K0143	K143 - The facility will ensure that oxygen is stored in an area with continuous mechanical ventilation. Oxygen has been moved to a storage area outside. The facility has been reviewed to ensure proper storage of oxygen on other hazardous materials. Monitoring of storage will be conducted at least weekly by Director of Environmental Services or designee. The results of the audits will be	10/28/2011

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	Based on observation on 10/03/11 at 3:20 p.m. with the maintenance supervisor, the oxygen storage/transfer room identified by signage as transfer area contained four liquid oxygen containers and had a floor covered with vinyl tiles instead of ceramic or concrete. The maintenance supervisor acknowledged the flooring was vinyl tiling. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 1 of 1 liquid oxygen storage/transfer areas was provided with continuous mechanical ventilation. This deficient practice could affect residents, staff and visitors in and near the oxygen storage room. Findings include: Based on observation with the maintenance supervisor on		reported to QA at least monthly for 3 months until problem is considered to be resolved. The facility requests paper compliance for resolution of this issue.	

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	10/03/11 at 3:20 p.m., the oxygen storage room identified by signage as an oxygen transfer area was not provided with a continuous mechanical ventilation system. The venting mechanism was operated by a switch in the room. The maintenance supervisor stated at the time of observation the existing vent was operated by a switch and not continuous. 3.1-19(b) 3. Based on observation and interview, the facility failed to ensure 1 of 1 oxygen supply storage rooms was separated by construction with a one hour fire resistant rating. This deficient practice affects residents, staff and visitors in and near the oxygen storage room. Findings include: Based on observation during a tour of the facility with the maintenance supervisor on 10/03/11 at 3:20 p.m.,			

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	four liquid oxygen supply canisters were stored in oxygen storage/transfer room which had a sign identifying it as an oxygen transfer area. The door to the room separating the area from the adjacent exit corridor did not have the required 45 minute fire rating. The door did not have a tag indicating the door's rating and the facility had no documentation to verify the fire rating. The maintenance supervisor stated at the time of the observation, he was not aware of the requirement. 3.1-19(b)			